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## BIB DATA SHEET

CONFIRMATION NO. 8386

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

04/09/2002

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and Acknowledged	/DILEK B COBANOGLU/ _____ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	IL	12	191
					20

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 UNITED STATES

**TITLE**

System and method for operating medical devices

<b>FILING FEE RECEIVED</b> 5376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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